

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | BS       |        | 09-15-01 |
| O.I.P.E. CLASSIFIER       |          | 49     | 9/15/01  |
| FORMALITY REVIEW          | H.L.     | 1071   | 10/04/01 |
| RESPONSE FORMALITY REVIEW | H.L.     | 1074   | 4/11/02  |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date    |
|-------|-------|----------|---------|
| 1     | ✓     | ✓        | 7/15/01 |
| 2     | ✓     | ✓        | 7/15/01 |
| 3     | ✓     | ✓        | 7/15/01 |
| 4     | ✓     | ✓        | 7/15/01 |
| 5     | ✓     | ✓        | 7/15/01 |
| 6     | ✓     | ✓        | 7/15/01 |
| 7     | ✓     | ✓        | 7/15/01 |
| 8     | ✓     | ✓        | 7/15/01 |
| 9     | ✓     | ✓        | 7/15/01 |
| 10    | ✓     | ✓        | 7/15/01 |
| 11    | ✓     | ✓        | 7/15/01 |
| 12    | ✓     | ✓        | 7/15/01 |
| 13    | ✓     | ✓        | 7/15/01 |
| 14    | ✓     | ✓        | 7/15/01 |
| 15    | ✓     | ✓        | 7/15/01 |
| 16    | ✓     | ✓        | 7/15/01 |
| 17    | ✓     | ✓        | 7/15/01 |
| 18    | ✓     | ✓        | 7/15/01 |
| 19    | ✓     | ✓        | 7/15/01 |
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| Claim | Final | Original | Date |
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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720  
 10-04-01  
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 1-11-02